

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/16/2013
FORM APPROVED
OMB NO. 0938-0391

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|---|---|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 06/05/2013 |
| NAME OF PROVIDER OR SUPPLIER NEW HOPE HOSPICE LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| L 000 | INITIAL COMMENTS This visit was a federal and state hospice complaint investigation survey. Complaint # IN00130061 - Substantiated: Federal and state deficiencies related to the allegation are cited. Survey dates: 5/31/13 to 6/5/13 Facility #:003966 Medicaid # 200492790 Surveyor: Tonya Tucker, RN, PHNS Quality Review: Joyce Elder, MSN, BSN, RN June 10, 2013 | L 000 | | | |
| L 656 | 418.100(f)(1)(i) HOSPICE MULTIPLE LOCATIONS If a hospice operates multiple locations, it must meet the following requirements: (1) Medicare approval. (i) All hospice multiple locations must be approved by Medicare before providing hospice care and services to Medicare patients. This STANDARD is not met as evidenced by: Based on document review and interview, the hospice failed to ensure additional sites were approved by the Centers for Medicare and Medicaid Services (CMS) prior to functioning as a multiple site for 1 of 1 hospice with the potential to affect all clients of the hospice receiving services from the Indianapolis location. | L 656 | | 7/16/13 | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| L 656 | <p>Continued From page 1</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 5/31/13 at 9:54 AM, employee E, director of nursing, indicated the hospice had an additional site in Indianapolis, Indiana, that provided services to hospice patients. The hospice was unable to produce evidence supporting the approval for site operation. 2. On 5/31/13 at 11:10 AM, employee F presented surveyor with a list of 16 patient names and indicated the list was for patients receiving services from the Indianapolis, Indiana, site location. 3. On 5/31/13 at 11:15 AM, employee F presented a list of hospice staff employed at the Indianapolis, Indiana, site location. 4. On 6/3/13 at 10:25 AM, employee F presented a pamphlet which she indicated the hospice gives out to the public such as in doctor's offices. The literature listed 5600 West Bradbury Avenue, Indianapolis, Indiana, as a location providing services for this agency. 5. A letter to the hospice, and copied to the Indiana State Department of Health, from CMS dated 1/14/2009 states, "The Indiana State Department of Health (ISDH) has notified us that your hospice wants to establish the office located at 5600 Bradbury Avenue, Indianapolis, IN 46241 as a multiple site location of your Marion hospice. Based upon our review of the information submitted to the ISDH, we regret to inform you that we must deny the Indianapolis multiple hospice site application for the following reason ..." | L 656 | | | |

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| L 799 | <p>418.116(a) MULTIPLE LOCATIONS</p> <p>Every hospice must comply with the requirements of §420.206 of this chapter regarding disclosure of ownership and control information. All hospice multiple locations must be approved by Medicare and licensed in accordance with State licensure laws, if applicable, before providing Medicare reimbursed services.</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, the hospice failed to ensure additional sites were approved by the Centers for Medicare and Medicaid Services (CMS) prior to functioning as a multiple site for 1 of 1 hospice with the potential to affect all clients of the hospice receiving services from the Indianapolis location.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 5/31/13 at 9:54 AM, employee E, director of nursing, indicated the hospice had an additional site in Indianapolis, Indiana, that provided services to hospice patients. The hospice was unable to produce evidence supporting the approval for site operation. 2. On 5/31/13 at 11:10 AM, employee F presented surveyor with a list of 16 patient names and indicated the list was for patients receiving services from the Indianapolis, Indiana, site location. 3. On 5/31/13 at 11:15 AM, employee F presented a list of hospice staff employed at the Indianapolis, Indiana, site location. 4. On 6/3/13 at 10:25 AM, employee F presented | L 799 | | 7/16/13 | |

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